

# TACTICAL RESPONSE REPORT/Chicago Police Department

| MEMBER INVOLVED<br>SUBJECT INFORMATION<br><br>DNA      | 1. DATE OF INCIDENT<br>28-DEC-2011   | TIME<br>01:46:00  | 2. ADDRESS OF OCCURRENCE<br>9544 S AVENUE L , Apt 3 CHICAGO, IL 60617   | 3. LOCATION CODE<br>090   | 4. BEAT/OCCUR<br>0432  |  |                                 |                                     |   |                                     |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
|--|--|---|---|---|--|--|---------------------------------|-------------------------------------|---|-------------------------------------|---------------------|--|---------------------|--|--------------------------|--|-------------------|--|------|--------------------------|----------------------------|--------------------------|--------------------|-------------------------------------|---|-------------------------------------|-------------------------|--------------------------|-------------|--------------------------|-------------|--|-----------------------|--------------------------|--------|-------------------------------------|-------------|--|-------------|--|--|--|-------------|--|-------------|--|-------------------|--|------------------|--------------------------|--------------|--------------------------|-------------|--------------------------|---------|-------------------------------------|--|---|--------------------------|--------------------------|--------------------------|--------------------------|-------|--------------------------|-------------|--|--------------------------|--|---------------------------------------|--------------------------|---------------------------------------|--------------------------|---|--------------------------|--|--|--------------------|---|-------------|--|-------------|--|-------------|--|--|--|---|--|--|---|-------------|--|--|--|--|--|---|
|  | 5. POSITION<br>9161  | 6. LAST NAME<br>CABRAL  | 7. FIRST NAME<br>ALEJANDRO  | 8. STAR NO.<br>4855   | 9. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F                         | 10. RACE CODE<br>S   | 11. AGE<br>[REDACTED]           | 12. HT.<br>508                      | 13. WT.<br>197  |                                     |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
|  | 14. DATE OF APPT.<br>25-SEP-2006   | 15. EMPLOYEE NO.<br>[REDACTED]  | 16. UNIT & BEAT OF ASSIGNMENT<br>004 0406E  | 17. DUTY STATUS<br><input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off  | 18. MEMBER INJURED?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No         | 19. MEMBER IN UNIFORM?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  |                                 |                                     |   |                                     |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
|  | 20. LAST NAME<br>WALLS   | 21. FIRST NAME<br>KARAKA  | 22. M.I.<br>M   | 23. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F   | 24. RACE<br>BLK  | 25. D.O.B.<br>[REDACTED]   | 26. HT.<br>510                  | 27. WT.<br>155                      |   |                                     |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
|  | 28. ADDRESS<br>[REDACTED]  | 29. TELEPHONE NO.<br>[REDACTED]   | 30. WAS SUBJECT ARMED?/KNIFE/OTHER CUTTING INSTRUMENT<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No  | 31. SUBJECT INJURED?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No   | 32. SUBJECT ALLEGED INJURY?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No |  |                                 |                                     |   |                                     |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
|  | 33. WHERE WAS MEDICAL TREATMENT OBTAINED?<br>CFD #50   | 34. BY WHOM?<br>[REDACTED]  | 35. CONDITION<br><input type="checkbox"/> 01 Apparently Normal<br><input type="checkbox"/> 03 Hospitalized<br><input type="checkbox"/> 04 Not hospitalized<br><input type="checkbox"/> 05 Refused Medical Aid | 36. CHARGES PLACED<br>DNA   | 37. CB NO.<br>IR NO.   | 38. DNA  |                                 |                                     |   |                                     |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
|  | 39. REASON FOR USE OF FORCE<br>(Check all that apply)<br><br>DNA   | <table border="1"> <thead> <tr> <th colspan="2">PASSIVE RESISTER</th> <th colspan="2">ACTIVE RESISTER</th> <th colspan="2">ASSAULTANT: ASSAULT</th> <th colspan="2">ASSAULTANT: BATTERY</th> <th colspan="2">ASSAULTANT: DEADLY FORCE</th> </tr> </thead> <tbody> <tr> <td>SUBJECT'S ACTIONS</td> <td>DID NOT FOLLOW VERBAL DIRECTION<br/><input checked="" type="checkbox"/></td> <td>FLED</td> <td><input type="checkbox"/></td> <td>IMMINENT THREAT OF BATTERY</td> <td><input type="checkbox"/></td> <td>ATTACK WITH WEAPON</td> <td><input checked="" type="checkbox"/></td> <td>USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>STIFFENED (DEAD WEIGHT)</td> <td><input type="checkbox"/></td> <td>PULLED AWAY</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td></td> <td>ATTACK WITHOUT WEAPON</td> <td><input type="checkbox"/></td> <td>WEAPON</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>OTHER _____</td> <td></td> <td>OTHER _____</td> <td></td> <td></td> <td></td> <td>OTHER _____</td> <td></td> <td>OTHER _____</td> <td></td> </tr> <tr> <td>MEMBER'S RESPONSE</td> <td>MEMBER PRESENCE<br/><input checked="" type="checkbox"/></td> <td>OPEN HAND STRIKE</td> <td><input type="checkbox"/></td> <td>ELBOW STRIKE</td> <td><input type="checkbox"/></td> <td>KNEE STRIKE</td> <td><input type="checkbox"/></td> <td>FIREARM</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>VERBAL COMMANDS<br/>ESCORT HOLDS<br/>WRISTLOCK<br/>ARMBAR</td> <td>TAKE DOWN / EMERGENCY HANDCUFFING<br/><input type="checkbox"/></td> <td>CLOSED HAND STRIKE/PUNCH</td> <td><input type="checkbox"/></td> <td>CLOSED HAND STRIKE/PUNCH</td> <td><input type="checkbox"/></td> <td>KICKS</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td></td> </tr> <tr> <td>PRESSURE SENSITIVE AREAS</td> <td>OC CHEMICAL WEAPON<br/><input type="checkbox"/></td> <td>IMPACT WEAPON<br/>(Describe in Box 40)</td> <td><input type="checkbox"/></td> <td>IMPACT WEAPON<br/>(Describe in Box 40)</td> <td><input type="checkbox"/></td> <td>IMPACT MUNITION<br/>(Describe in Box 40)</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>CONTROL INSTRUMENT</td> <td>TASER (Probe Discharge)<br/><input type="checkbox"/></td> <td>OTHER _____</td> <td></td> <td>OTHER _____</td> <td></td> <td>OTHER _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OC CHEMICAL WEAPON<br/>WAUTHORIZATION<br/>OTHER</td> <td>TASER (Contact Strike)<br/><input type="checkbox"/></td> <td>TASER (Laser Targeted)<br/><input type="checkbox"/></td> <td>TASER (Spark Displayed)<br/><input type="checkbox"/></td> <td>OTHER _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |   |   |  |  | PASSIVE RESISTER                |                                     | ACTIVE RESISTER                                       |                                     | ASSAULTANT: ASSAULT |  | ASSAULTANT: BATTERY |  | ASSAULTANT: DEADLY FORCE |  | SUBJECT'S ACTIONS | DID NOT FOLLOW VERBAL DIRECTION<br><input checked="" type="checkbox"/> | FLED | <input type="checkbox"/> | IMMINENT THREAT OF BATTERY | <input type="checkbox"/> | ATTACK WITH WEAPON | <input checked="" type="checkbox"/> | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM | <input checked="" type="checkbox"/> | STIFFENED (DEAD WEIGHT) | <input type="checkbox"/> | PULLED AWAY | <input type="checkbox"/> | OTHER _____ |  | ATTACK WITHOUT WEAPON | <input type="checkbox"/> | WEAPON | <input checked="" type="checkbox"/> | OTHER _____ |  | OTHER _____ |  |  |  | OTHER _____ |  | OTHER _____ |  | MEMBER'S RESPONSE | MEMBER PRESENCE<br><input checked="" type="checkbox"/> | OPEN HAND STRIKE | <input type="checkbox"/> | ELBOW STRIKE | <input type="checkbox"/> | KNEE STRIKE | <input type="checkbox"/> | FIREARM | <input checked="" type="checkbox"/> | VERBAL COMMANDS<br>ESCORT HOLDS<br>WRISTLOCK<br>ARMBAR | TAKE DOWN / EMERGENCY HANDCUFFING<br><input type="checkbox"/> | CLOSED HAND STRIKE/PUNCH | <input type="checkbox"/> | CLOSED HAND STRIKE/PUNCH | <input type="checkbox"/> | KICKS | <input type="checkbox"/> | OTHER _____ |  | PRESSURE SENSITIVE AREAS | OC CHEMICAL WEAPON<br><input type="checkbox"/> | IMPACT WEAPON<br>(Describe in Box 40) | <input type="checkbox"/> | IMPACT WEAPON<br>(Describe in Box 40) | <input type="checkbox"/> | IMPACT MUNITION<br>(Describe in Box 40) | <input type="checkbox"/> |  |  | CONTROL INSTRUMENT | TASER (Probe Discharge)<br><input type="checkbox"/> | OTHER _____ |  | OTHER _____ |  | OTHER _____ |  |  |  | OC CHEMICAL WEAPON<br>WAUTHORIZATION<br>OTHER | TASER (Contact Strike)<br><input type="checkbox"/> | TASER (Laser Targeted)<br><input type="checkbox"/> | TASER (Spark Displayed)<br><input type="checkbox"/> | OTHER _____ |  |  |  |  |  | 40. ADDITIONAL INFORMATION<br><br>ATTACK WITH BUTCHER KNIFE |
|  | PASSIVE RESISTER   |   | ACTIVE RESISTER   |   | ASSAULTANT: ASSAULT  |  | ASSAULTANT: BATTERY             |                                     | ASSAULTANT: DEADLY FORCE                              |                                     |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
|  | SUBJECT'S ACTIONS  | DID NOT FOLLOW VERBAL DIRECTION<br><input checked="" type="checkbox"/>  | FLED  | <input type="checkbox"/>  | IMMINENT THREAT OF BATTERY   | <input type="checkbox"/>   | ATTACK WITH WEAPON              | <input checked="" type="checkbox"/> | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM | <input checked="" type="checkbox"/> |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
|  | STIFFENED (DEAD WEIGHT)  | <input type="checkbox"/>  | PULLED AWAY   | <input type="checkbox"/>  | OTHER _____  |  | ATTACK WITHOUT WEAPON           | <input type="checkbox"/>            | WEAPON  | <input checked="" type="checkbox"/> |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
| OTHER _____  |  | OTHER _____   |   |   |  | OTHER _____  |                                 | OTHER _____                         |   |                                     |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
| MEMBER'S RESPONSE                                      | MEMBER PRESENCE<br><input checked="" type="checkbox"/>   | OPEN HAND STRIKE  | <input type="checkbox"/>  | ELBOW STRIKE  | <input type="checkbox"/>   | KNEE STRIKE  | <input type="checkbox"/>        | FIREARM                             | <input checked="" type="checkbox"/>                   |                                     |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
| VERBAL COMMANDS<br>ESCORT HOLDS<br>WRISTLOCK<br>ARMBAR | TAKE DOWN / EMERGENCY HANDCUFFING<br><input type="checkbox"/>  | CLOSED HAND STRIKE/PUNCH  | <input type="checkbox"/>  | CLOSED HAND STRIKE/PUNCH  | <input type="checkbox"/>   | KICKS  | <input type="checkbox"/>        | OTHER _____                         |   |                                     |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
| PRESSURE SENSITIVE AREAS                               | OC CHEMICAL WEAPON<br><input type="checkbox"/>   | IMPACT WEAPON<br>(Describe in Box 40)   | <input type="checkbox"/>  | IMPACT WEAPON<br>(Describe in Box 40)   | <input type="checkbox"/>   | IMPACT MUNITION<br>(Describe in Box 40)  | <input type="checkbox"/>        |                                     |   |                                     |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
| CONTROL INSTRUMENT                                     | TASER (Probe Discharge)<br><input type="checkbox"/>  | OTHER _____   |   | OTHER _____   |  | OTHER _____  |                                 |                                     |   |                                     |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
| OC CHEMICAL WEAPON<br>WAUTHORIZATION<br>OTHER          | TASER (Contact Strike)<br><input type="checkbox"/>   | TASER (Laser Targeted)<br><input type="checkbox"/>  | TASER (Spark Displayed)<br><input type="checkbox"/>   | OTHER _____   |  |  |                                 |                                     |   |                                     |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
| WEAPON DISCHARGE INCIDENT<br><br>DNA                   | POSITION   | STAR NO.  | UNIT  | 41. WEAPON TYPE<br><input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL<br><input type="checkbox"/> 01 REVOLVER<br><input type="checkbox"/> 02 RIFLE<br><input type="checkbox"/> 03 SHOTGUN<br><input type="checkbox"/> 05 CHEMICAL WEAPON<br><input type="checkbox"/> 06 TASER (Probe Discharge)<br><input type="checkbox"/> 07 OTHER | 42. INCIDENT OCCURRED<br><input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors   | 43. LIGHTING CONDITIONS<br><input type="checkbox"/> 01 Daylight<br><input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dark<br><input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial | 44. WEATHER CONDITIONS<br>CLEAR |                                     |   |                                     |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
|  |  |   |   | 45. MAKE/MANUFACTURER<br>SIGIS I G/SWISS INDUSTRIAL GESELLSCHAFT  | 46. MODEL<br>P220  | 47. BARREL LENGTH<br>4.4   | 48. CALIBER/GAUGE<br>45 CAL     |                                     |   |                                     |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
|  | 49. TASER DART ID NO.  | 50. WEAPON SERIAL NO. (Include Letters)<br>G383329  | 51. CHICAGO GUN REG. NO.<br>R002854S  | 52. IL FIREARM OWNER ID. NO.<br>[REDACTED]  | 53. HANDGUN CERTIFICATE NO.  |  |                                 |                                     |   |                                     |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
|  | 54. SPECIAL WEAPON CERTIFICATE NO.   | 55. PROPERTY INVENTORY NO.  | 56. TYPE OF AMMUNITION USED<br>Department Issued  | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER<br>1   | 58. TOTAL NO. OF SHOTS MEMBER FIRED<br>7   |  |                                 |                                     |   |                                     |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
|  | 59. WHO FIRED FIRST SHOT<br><input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER   | 60. WAS FIREARM RELOADED DURING INCIDENT<br><input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO   | 61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED  | 62. HOW WAS MEMBER'S HANDGUN WORN<br><input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)   | 63. DID MEMBER USE SIGHTS<br><input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO   |  |                                 |                                     |   |                                     |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
|  | 63. HOW WAS MEMBER'S HANDGUN DRAWN<br><input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW   | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD   |   |   |  |  |                                 |                                     |   |                                     |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
|  | 65. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)<br>NONE  | 66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED<br><input type="checkbox"/> 01 0 - 5 FT. <input checked="" type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.  |   |   |  |  |                                 |                                     |   |                                     |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
|  | 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON<br><input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN   | 69. POSITION OF MEMBER DISCHARGING WEAPON<br><input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN<br><input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)   |   |   |  |  |                                 |                                     |   |                                     |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
| 72. CASE INFO.   | NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.<br>NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV. | Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.   |   |   |  |  |                                 |                                     |   |                                     |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
| SIGNATURES   | 73. REPORTING MEMBER (Print Name)<br>CABRAL, ALEJANDRO<br>28-DEC-2011 08:21:19   | STAR/EMPLOYEE NO.<br>4855   | SIGNATURE<br>[REDACTED]   | DATE REVIEWED<br>28-DEC-2011 08:21:50   | TIME<br>28-DEC-2011 08:21:50   | 71. RD. NO.<br>HT649832  |                                 |                                     |   |                                     |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
|  | Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.   |   |   |   |  |  |                                 |                                     |   |                                     |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |
|  | 74. REVIEWING SUPERVISOR (Print Name)<br>LAVOY, JAMES A  | STAR NO.<br>524   | SIGNATURE<br>[REDACTED]   |   |  |  |                                 |                                     |   |                                     |                     |  |                     |  |                          |  |                   |  |      |                          |                            |                          |                    |                                     |   |                                     |                         |                          |             |                          |             |  |                       |                          |        |                                     |             |  |             |  |  |  |             |  |             |  |                   |  |                  |                          |              |                          |             |                          |         |                                     |  |   |                          |                          |                          |                          |       |                          |             |  |                          |  |                                       |                          |                                       |                          |   |                          |  |  |                    |   |             |  |             |  |             |  |  |  |   |  |  |   |             |  |  |  |  |  |   |

Log # 1050919  
ATT# 5

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN 1 OR 2.

### 75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

The subject expired as a result of his injuries.

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

### 76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

It is the preliminary determination of the undersigned based on the facts available at this time, that Officer Cabral acted in compliance with department policy in that Officer Cabral fired his weapon at the offender after the offender lunged at the officers while holding a butcher knife.

### 77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1050919 OBTAINED

### 78. WATCH COMMANDER/OCIC (Print Name) JOHNSON, EDDIE T

SIGNATURE  


DATE COMPLETED TIME  
28-DEC-2011 08:42:04

### 79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

#### ATTACHMENTS - PHOTOCOPIES OF:

- SUPPLEMENTARY REPORT
- I.O.D. REPORT
- CASE REPORT
- OFFICER BATTERY REPORT
- CR INITIATION REPORT
- ARREST REPORT
- TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRRs THIS EVENT No.

3

Log # 1050919  
Att # 6